

RETURN TO:

FORM ES-775 (01/03)

This form must be submitted with at least one completed form ES-774

Government of the District of Columbia

Department of Health

Environmental Health Administration

Pesticide Program

51 N Street, N.E., 3rd Floor

Washington, D.C. 20002

Ph. (202) 535-2299

Fax.(202) 535-2483

PRELIMINARY APPLICATION FOR A PESTICIDE OPERATOR'S LICENSETYPE ONLINE OR PRINT IN INK

(A) _____
Complete Business Name/If Corporation Use Corporate Name

(B) _____
Trade Name of Business Telephone Number Email

(C) _____
Business Residence Address (P.O. Boxes not accepted)

City State Zip Code

(D) _____
Mailing Address (if different from Item C)

City State Zip Code

(E) If Applicant (Item A) is a:

/ / Sole Proprietor / / Corporation / / Government Agency
/ / Other (Specify)

List Partners, Officers, and Title below:

(F) If a Corporation:

State of Incorporation Year of Incorporation

(G) 1. _____
Name of Resident Agent Telephone Number

2. _____
D.C. Residence Address of Agent (No. P.O. Boxes) Street

(H) Are you, or have you ever been licensed to do business as a
"Pesticide Operator" in any other locality? / / Yes / / No.
IF YES, Provide copy of current License Permit or Registration
and Provide details below:

STATE WHEN (DATE)	REGISTRATON, PERMIT OR LICENSE NUMBER	CATEGORIES OF OPERATION
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<u>1.</u>	_____	_____
<u>2.</u>	_____	_____

- (I) Has any licensing agency denied, suspended or revoked your Pesticide Operator registration, permit or license? Yes / / No / / If YES, provide details on a separate sheet.
- (J) This business performs (or plans to perform) Pest Control Services in the following categories (CHECK APPROPRIATE BOXES).

CATEGORIES

- | | |
|---|---|
| 3. Ornamental and Turf Pest Control: | 8. / / Public Health Pest Control |
| A. / / Exterior Ornamental Plants | 9. / / Regulatory Pest Control |
| B. / / Lawns and Turf | 10. / / Demonstration and Research Pest Control |
| C. / / Interior Ornamental Plants | 11. / / Miscellaneous Pest Control |
| 5. / / Aquatic Pest Control (not Including Swimming Control Pool - see Category 11) | (Including Swimming Pools, TBT Users, Aerial Application, Wood Preservation, Cooling Towers, Sewer Line Treatment, Util. Pole Treatment Special Fumigation, Mosquito Control) |
| 6. / / Right of Way Pest Control | |
| 7. Industrial, Institutional, Structural and Health Related Pest Control | |
| A. / / General | |
| B. / / Wood Destroying Organisms | |
| C. / / Bird | |
| D. / / Fumigation | |
| E. / / Rodent | |
| F. / / Industrial Weed | |

This is to certify that the above information is true and accurate to the best of my knowledge and that I agree to comply with the provisions of the District of Columbia Pesticide Operations Act. I understand that falsification of any information on this application may lead to denial, suspension or revocation of my certificate or license.

DATE

Signature of: Owner/Partner/Agency Official

Print Name & Title